

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>1180.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712965</b>
Purpose of Expenditure <b>Ad</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 13 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The DVC Inquirer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>321 Golf Club Rd</b>		Amount <b>720.00</b>	
City <b>Pleasant Hill</b>	State <b>CA</b>	Zip Code <b>94553</b>	Transaction ID : <b>D712966</b>
Purpose of Expenditure <b>Ad</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 13 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1900.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Autumn Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 20 / 2016</b>	
Mailing Address <b>945 Camelia St</b>		Amount <b>2005.27</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>	Transaction ID : <b>D712949</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 19 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 18 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>384.75</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712961</b>
Purpose of Expenditure <b>Payroll</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 20 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2390.02</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 17 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>		Amount <b>121.50</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>
Purpose of Expenditure Payroll	Category/Type	Transaction ID : <b>D712962</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 20 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 16 / 2016</b>
Mailing Address <b>155 Grand Avenue</b>		Amount <b>94.50</b>
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>
Purpose of Expenditure Payroll	Category/Type	Transaction ID : <b>D712963</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 20 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>216.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 19 / 2016</div> </div>	
Mailing Address    155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>175.00</span> </div>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D712964</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 20 / 2016</div> </div>
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Konopacki</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 21 / 2016</div> </div>	
Mailing Address    PO Box 1917		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>1800.00</span> </div>	
City Madison	State WI	Zip Code 53701-1917	<b>Transaction ID : D712950</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 21 / 2016</div> </div>
Purpose of Expenditure Cartoon		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>1975.00</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY

04 / 21 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Javier Moreno Pollarao</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>1521 3rd Ave</b>		Amount <b>30.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94606</b>	Transaction ID : <b>D712951</b>
Purpose of Expenditure Translation Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Autumn Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>945 Camelia St</b>		Amount <b>1870.90</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>	Transaction ID : <b>D712952</b>
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1900.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alliance Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>1101 8th Street</b>		Amount <b>3639.63</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710</b>	Transaction ID : <b>D712953</b>
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alliance Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>1101 8th Street</b>		Amount <b>20247.37</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710</b>	Transaction ID : <b>D712954</b>
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>23887.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 20 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>276.75</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712955</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 20 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>100.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712956</b>
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>376.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 19 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>364.50</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712957</b>
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 14 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>324.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712958</b>
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>688.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 15 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>290.25</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712959</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 16 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>100.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D712960</b>
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>33724.42</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>390.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>33724.42</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 21 / 2016**

Signature